

**Managing an Infectious Disease Outbreak:**  
*The Laboratory - Epidemiology Partnership*

**Registration Information**

**Registration fee: \$ 40.00**

Registration deadline: October 11, 2004

Send completed registration form one of two ways:

**Fax:** 617-983-8037

or

**Mail:** NLTN

305 South Street

Boston, MA 02130-3597

Pay by check, money order (payable to "APHL") or credit card.

No refunds after October 14, 2004

Confirmation letters will be emailed.

Applicants will be notified if the course is filled.

**Special Needs and Information**

In compliance with the Americans with Disabilities Act, individuals needing special accommodations should notify the NLTN at least two weeks prior to the course. For more information call: 800-536-NLTN or 617-983-6285.

**Continuing Education Credit**

The Association of Public Health Laboratories (APHL) is approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.® Program. Participants who successfully complete this program will be awarded 5.5 contact hours.

*NJDHSS Office of Local Public Health and Regional Systems Development has approved this course for 5.25 CE units for New Jersey licensed health officials and health department professionals.*

NLTN  
305 South Street  
Boston, MA 02130-3597

*Please Copy & Post.*

**Managing an Infectious Disease Outbreak:**

*The Laboratory - Epidemiology Partnership*



**October 21, 2004**

**Middlesex County Fire Academy  
Sayreville, NJ**

*Sponsored by:*

*New Jersey Department of  
Health and Senior Services*

*and*

*National Laboratory Training Network*



# Managing an Infectious Disease Outbreak: *The Laboratory - Epidemiology Partnership*

## Description

Outbreak investigations involve coordinated efforts between different groups of professionals. These professionals include scientists, educators, planners and policy makers working in the private sector or for local, regional, state and national governmental agencies. Each group provides critical input into the process including data collection from field investigations, laboratory analysis of clinical and environmental samples and laboratory interpretation of data sets. They also provide epidemiological analysis of data collected during surveillance and in outbreak investigations, such as West Nile virus, to pinpoint and define the source. In creating protocols and procedures, laboratorians and epidemiologists must now also consider the possibility of bioterrorism and working with law enforcement.

This workshop highlights the roles of the partners involved in a disease outbreak investigation including epidemiologists, public health and clinical laboratorians and local health officials. Planning, cooperation and adherence to predetermined protocols will enable a rapid response during an outbreak.

## Who Should Attend

This intermediate level program is intended for clinical and public health laboratorians, epidemiologists, local public health personnel and infection control practitioners.

## Agenda

- 8:30 Registration
- 9:00 Opening Remarks  
*Rose Ann LaFisca*  
*Director, Office of Policy and Planning*  
Introduction of Dr. Michal Gerwel
- 9:15 Outbreak Investigations  
*Carol Genese, MBA, MT(ASCP), Coordinator,*  
*Bioterrorism Surveillance & Epidemiologic Response*
- 10:15 Foodborne Outbreaks / PulseNet  
*Michelle Malavet, MSA, HO, REHS, Epidemiologist*
- 10:45 Break
- 11:00 Rapid Reporting  
Hospital and Local Health  
*Marlene Bednarczyk, MSQSM, Coordinator,*  
*Communicable Disease Reporting System*  
*John Skalecky, MS, MT(ASCP), LIS Manager*
- 11:45 West Nile Disease: Testing, Reporting and Response  
*Bruce Wolf, MS, Virology Program Manager*  
*Simi Octania-Pole, Ph.D., West Nile Virus Coordinator*
- 12:45 Lunch
- 1:45 Laboratory Response Network (LRN):  
Testing, Reporting and Response  
*Sherman Hom, Ph.D., Director Bioterrorism Lab & Molecular Detection Services*  
*Susan Mikorski, M.Ed., MT(ASCP)SM*  
*Laboratory Outreach and State Training Coordinator*
- 2:45 Q & A Session  
*Panel of Speakers*
- 3:45 Evaluation
- 4:00 Adjourn

*All of the speakers are from the NJ Department of Health and Senior Services*

## Objectives

*Upon completion of this course, participants will be able to:*

1. Identify the laboratory-epidemiology partnerships in New Jersey
2. Discuss the roles of the clinical laboratorian, the public health laboratorian and the epidemiologist in protecting the public's health from emerging and re-emerging infectious diseases
3. Discuss the process and describe the tools utilized in infectious disease outbreak investigations
4. Describe rapid referral and reporting methods which speed an investigation
5. Discuss the role of the Laboratory Response Network (LRN) in an outbreak investigation
6. Identify the public health laboratory capabilities within New Jersey

## Location

Middlesex County Fire Academy  
1001 Fire Academy Drive  
Sayreville, NJ 08872

*Detailed driving directions will be included with the confirmation letter.*



NE5505  
2004MIC215  
PACE 588-355-04

**National Laboratory Training Network  
Registration Form**

Form Approved  
OMB No. 0920-0017  
Exp. Date: 6/30/06

**Training Event Title:**

**Managing an Infectious Disease Outbreak:  
The Laboratory – Epidemiology Partnership**

**Date: October 21, 2004**

**Location: Sayreville, NJ**

**Applicant Information** (Please type or print.)

(Dr./Mr./ Miss.

/Ms./Mrs.)

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Position Title: \_\_\_\_\_ State Licensure Number (If applicable): \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Mailing Address: *(Please specify, Employer's or your Home address?)*

City: \_\_\_\_\_ State/Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Work Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ *(E-mail future training event notifications? Please circle, YES or NO.)*

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(Please review all options in the three categories before circling the one most appropriate in each category.)*

**Occupation**

- 01 Physician
- 02 Veterinarian
- 04 Laboratorian
- 05 Nursing Professional
- 06 Sanitarian
- 08 Administrator
- 11 Safety Professional
- 13 Educator
- 14 Epidemiologist
- 15 Environmental Scientist
- 12 Other \_\_\_\_\_

**Education Level**

(Highest Completed)

- Degree
- 04 Associate
- 05 Bachelor
- 06 Masters
- 07 Doctoral (M.D.)
- 08 Doctoral (Other than M.D.)
- 09 Technical/Hospital School
- 03 Some College
- 02 High School Graduate
- 01 Some High School
- 10 Other \_\_\_\_\_

**Type of Employer**

- 01 Health Department (State or Territorial)
- 03 Health Department (Local, City or County)
- 04 Government (Other Local, not City or County)
- 05 Centers for Disease Control and Prevention
- 09 U.S. Food and Drug Administration
- 11 U.S. Department of Defense
- 12 Veterans Administration Medical Center/Hosp.
- 15 Other (Federal Employer) \_\_\_\_\_
- 16 Foreign
- 19 College or University
- 21 Private Industry
- 23 Private Clinical Laboratory
- 24 Physician's Office Laboratory/Group Practice
- 17 Hospital (Private Community)
- 33 Hospital (Other)
- 25 State Funded Hospital
- 26 City or County Funded Hospital
- 28 Health Maintenance Organization
- 31 Non-profit
- 32 Unemployed or Retired
- 30 Other \_\_\_\_\_

The information requested on this form is collected under the authority of 42 U.S.C., Section 243 (CDC). The requested information is used only to process your training registration and will be disclosed only upon your written request. Continuing education credit can only be provided when all requested information is submitted. Furnishing the information requested on this form is voluntary. Public reporting burden for this collection of information is estimated to average five minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not to respond to a collection of information, unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road, N.E., MS D-24, Atlanta, Georgia 30333; ATTN: PRA (0920-0017).

**Register Early!**

**Registration Fee: \$ 40.00**

**Registration Deadline: October 11, 2004**

Payment Information (Please check one.)

☐  
☐

Enclosed is my check or money order (payable to APHL).

Bill my Credit Card.  
(Circle one.)

VISA

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Submit your registration form to:

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**Mail:** NLTN  
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Visit our website for future programs  
and our free lending library at:

<http://www.nltm.org>

**For further information call: (617) 983-6285  
or in the Northeast region (800) 536-NLTN.**

**Credit Card Information**

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